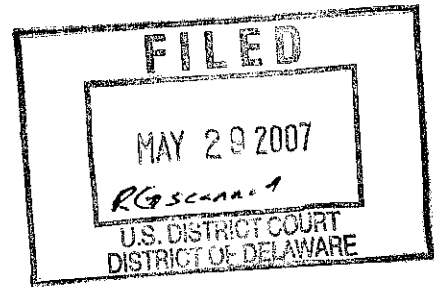


ANGELO LEE CLARK
PLAINTIFF

V.
CORRECTIONAL MEDICAL SERVICES
DEFENDANT

civil Action NO. 06-465
S.L.R.

CLERK OF COURT
MOTION TO AMEND



1. AS I HAVE MENTIONED IN MY CIVIL LITIGATION CLAIM
I ANGELO LEE CLARK, WAS GIVEN HEPATITIS 'C' BY A COUPLE
OF NURSES, WHOM WAS WORKING FOR, CORRECTIONAL MEDICAL SERVICES
WHILE I WAS GOING THROUGH, HEART DISORDERS AND E.T.C. AND AS
YOU CAN SEE FROM A FEW EXHIBITS, THAT I AM SENDING YOU AS
WELL AS ALL THE 'POOR' HEALTH CARE IN THE WAY I WAS BEING
TREATED BY CORRECTIONAL MEDICAL SERVICES, AND SO, ON AND SO ON.

Sincerely Yours!
Respectfully Submitted
Angelo Lee Clark

RECEIVED
OCT 12 2006

EXHIBIT #9

FORM #584

GRIEVANCE FORM

9134

BY:.....

FACILITY: D.C.C.

DATE: 10/8/06

GRIEVANT'S NAME: Angelo Lee Clark

SBI#: 123809 #

CASE#:

TIME OF INCIDENT: Approximately 1:00 PM

HOUSING UNIT:

Bldg 17# Shu-B-Lower #7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I ANGELO LEE CLARK, WAS AWAKENED OUT OF MY SLEEP TO GO TO A INTERVIEW AT STAFF LT PROUACI AND LT WELCOME OFFICE, WHEN I GOT THERE I WAS TOLD BY BOTH PROUACI AND WELCOME THAT MENTAL HEALTH WANTED ME BACK IN THE SHU-FOR NO APPARENT REASON EXCEPT I WAS GETTING VERY MANIC DEPRESSIVE, AND A LITTLE SCHIZOPHRENIC WAS BEGINNING TO KICK IN BECAUSE I WASN'T BEING MEDICATED RIGHT, AND HAVE COMPLAINED TO OTHER OFFICERS AROUND THE CLOCK INCLUDING SOME OF THE NURSES, BEFORE I GOT SICK NOW MY MAIN REASON FOR FILING THIS IS WHERE'S MY WATCH! AND THE REST OF COMMISSARY.

ACTION REQUESTED BY GRIEVANT:

WHERE IS THE TREATMENT AT. I WANT MY WATCH AND OTHER COMMISSARY PRODUCTS, THAT THEY TOOK FROM ME, AND WHEN DWIGHT HOLDEN (CHAIR PERSON) OF THE PAROLE BOARD GET A WHIFF OF THIS! HE'S EVEN GOING TO SAY HOW CAN YOU PUNISH SOMEONE THAT'S SICK! YOU KNOW WHATS BEING SAID THAT I HAVE MY RECIEPTS FOR ALL OF THEM.

GRIEVANT'S SIGNATURE: Angelo Lee Clark

DATE: 10/8/06

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

(NO)

This is From The Parole Board!
(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)
who basically won't even give me any relief!

GRIEVANT'S SIGNATURE: _____

DATE: _____

CRUEL AND UNUSUAL PUNISHMENT
X
MENTAL ANGUISH

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

(How can you put him) my illness Manic Depressive Bipolar Schizophrenia
in Shu!

April '97 REV

Not Behavior, That mental Hospital Health issues.

X

EXHIBIT 3

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

EXAMINED:
PROFESSION
A.S.F.

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

ANGELO LEE CLARK

19 - upper - 2 - cell

Name (Print)
12-15-55
Date of Birth

123209
SBI Number

Housing Location
11/24/06
Date Submitted

Buz

Complaint (What type of problem are you having)? IT SEEMS LIKE EVERY SINCE I WAS ADMITTED IN THE INFIRMARY - ON - 11/1/06 FOR CUTTING MYSELF ON - 11-2/06 - NURSE 'RN' DANYEE' AND BLOOD LADY! 'STEPHANIE' - DANYEE CLEANED MY CUT AS SOON AS SHE LEFT THE PATIENT ROOM NEXT DOOR, AND STEPHANIE TOOK BLOOD FROM ME AND

Angelo Lee Clark

11/24/06

SAID DR. OTI ORDERED.

Inmate Signature

Date

AND SHE RESIGNED 2-MONTHS AGO.

SO DOWN ALL IDL IS DEFICIT SIX OR SEVEN TIMES DAILY!

The below area is for medical use only. Please do not write any further.

S: 11/26/06 I think there were any reason for you to be examined

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____
by a physician, the nurse

A: would refer you. Nurses

are capable of making

P: assessment

E: I still feel as though constrained. medical system gave me something even if it's not AIDS, I just don't feel right! Like my old self.

Provider Signature & Title

Date & Time

EXHIBIT # 6

DELAWARE DEPARTMENT OF CORRECTIONS **REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: H.R.Y.C.I. (GANDER HILL)

This request is for (circle one) MEDICAL DENTAL MENTAL HEALTH

ANGELA LEE CLARK
 Name (Print)

2-K-3
 Housing Location

12-15-55
 Date of Birth

00123209
 SBI Number

3/6/06
 Date Submitted

Complaint (What type of problem are you having)

I AM STARTING TO HAVE PAIN IN CERTAIN PARTS OF MY BODY, AND I STILL HAVEN'T HAD MY EYES CHECKED. WHAT DO I HAVE TO DO GET SOME OUTSIDE LEGAL HELP.

Angela Lee Clark
 Inmate Signature

3/6/05
 Date

The below area is for medical use only. Please do not write any further

Scheduled to be seen

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

This is why I believe that the Lump that I have on the back of my head has grown, and still cause me great pain and all they been for years giving me for pain is 600 Motrin tablets or 600 Tylenol Tablets

Provider Signature and Title

Date

Time



EXHIBIT #7

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Angelo Clark 2-G - 10

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 7-21-05

RE: MEDICAL GRIEVANCE # 05-15413

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Mr. Obery!
I've been Complaining about
my Headaches along with
the growth in the Back
of my Head and Trauma that
the Excessive meds have been putting
on me. Thanking

8 EXHIBIT #8

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(ANDER HILL)

This request is for (circle one) ☒ MEDICAL ☐ DENTAL MENTAL HEALTH

ANGELO LEE CLARK

Name (Print)

2-B-10

Housing Location

12-15-55

Date of Birth

123209

SBI Number

8/11/05

Date Submitted

Complaint (What type of problem are you having)

I KEEP HAVING AND EXPERIENCING
HEAD PAIN, ON A EVERYDAY BASIS. AND I'VE WRITTEN SEVERAL SICK
CALL SLIPS, I WOULD LIKE TO KNOW WHEN I WILL BE SEEN.
I HOPE A.S.A.P. THANK YOU.

Angelo Lee Clark

Inmate Signature

8/11/05

Date

The below area is for medical use only. Please do not write any further

SCHEDULED

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time

LEGAL

ANGELO LEE CLARK
MITCHELL Bldg
DELAWARE Psychiatric Center

DELAWARE

1901 NORTH DUPONT HWY
NEW CASTLE, DELAWARE
19720

Code: N2106

United States District Court
Office of The Clerk
844 W. King Street, Lockbox #18
Wilmington, Delaware

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